

EXHIBIT B

REQUEST FOR PERSONNEL ACTION

PART A - Requesting Office

(Also complete Part B, Items 1,7-22,32,33,36 and 39)

1. Actions Requested Position Change	2. Request Number 470202
3. For Additional Information Call (Name and Telephone Number) William Moormann	4. Emplid [REDACTED]
This request is submitted with the approval of the court and is electronically signed by:	
6. Action Authorized By (Typed Name, Title, Signature, and Date) Anthony Martinez Federal Public Defender	

PART B - For Preparation of SF 50 (Use only codes in The Guide to Personnel Data Standards. Show all dates in month-day-year order.)

1. Name (Last, First, Middle)	2. Social Security Number	3. Date of Birth	4. Effective Date 08-20-2018
-------------------------------	---------------------------	------------------	---------------------------------

FIRST ACTION**SECOND ACTION**

5-A. Code 984	5-B. Nature of Action Reclassification	6-A. Code	6-B. Nature of Action
5-C. Code S52	5-D. Legal Authority AO 52 dated xx-xx-xxxx 08/16/2018	6-C. Code	6-D. Legal Authority
5-E. Code	5-F. Legal Authority	6-E. Code	6-F. Legal Authority

7. FROM: Position Title and Number Research & Writing Specialist PD: 541011 Position: [REDACTED]						15. TO: Position Title and Number Assistant Federal Public Defender PD: 540400 Position: [REDACTED]					
8. Pay Plan	9. Occ. CD	10. Grd/Lvl	11. Step/Rate	12. Tot. Salary	13. Pay Basis	16. Pay Plan FD	17. Occ. CD FD02	18. Grd/Lvl 14	19. Step/Rate 2	20. Tot. Salary/Award \$107,319.00	21. Pay Basis PA
12A. Basic Pay	12B. Locality Adj.	12C. Adj. Basic Pay	12D. Other Pay	20A. Basic Pay \$92,349.00	20B. Locality Adj.	20C. Adj. Basic Pay	20D. Other Pay \$14,970.00	\$107,319.00			

14. Name and Location of Position's Organization Charlotte NC USA						22. Name and Location of Position's Organization Federal Public Defender Office 129 West Trade Street Room 300					
						Charlotte NC USA					

EMPLOYEE DATA										
23. Veterans Preference 1-None 3-10 Point/Disability 5-10 Point/Other 2-5 Point 4-10 Point/Compensable 6-10 Point/Compensable/30%						24. Tenure 3	0-None 1-Permanent	2-Conditional 3-Indefinite	25. Agency Use	26. Veterans Preference for RIF YES <input type="checkbox"/> NO <input type="checkbox"/>
27. FEGLI K0 Basic + Option B (2x)						28. Annuitant Indicator 9	29. Pay Rate Determinant Not Applicable			
30. Retirement Plan FERS FRAE and FICA KF			31. Service Comp. Date (Leave) 09-10-2014			32. Work Schedule F	33. Part-Time Hours Per Biweekly Pay Period Full Time			

POSITION DATA

34. Position Occupied 1-Competitive Service 3-SES General 2-Excepted Service 4-SES Career Reserved			35. FLSA Category E-Exempt N-Nonexempt	36. Appropriation Code			
--	--	--	--	------------------------	--	--	--

38. Duty Station Code [REDACTED]		39. Duty Station (City-County-State or Overseas Location) Charlotte NC					
-------------------------------------	--	---	--	--	--	--	--

40. Agency Data LEI: 10-30-2017	41. WGI: 10-29-2018	42. SCD LEO	43.	44.
------------------------------------	---------------------	-------------	-----	-----

45. Action POS	46. Reason REL	47. Pay Rate Deter Regular Rt	48. Bud Cat 011E	49. Org Title Code 0000	50. Jobcode 540400	51. Paygroup C04
-------------------	-------------------	----------------------------------	---------------------	----------------------------	-----------------------	---------------------

PART C - Reviews and Approvals (Not to be used by requesting office.)

1. Office/Function	Initials/Signature	Date	1. Office/Function	Initials/Signature	Date
A. Requestor	William Moormann	08-16-2018	D.		
B.			E.		
C.			F.		

CONTINUED ON REVERSE SIDE

OVER

Editions Prior to 7/91 Are Not Usable After 6/30/93

Name: _____

PAR Number:

470202

PART D - Remarks by Requesting Office

Should be Set at AD level 28 To be set at AD 28 Salery should remain \$107,319

PART E - Employee Resignation/Retirement

1. Reasons for Resignation/Retirement (NOTE: Your reasons are used in determining possible unemployment benefits. Please be specific and avoid generalizations. Your resignation/retirement is effective at the end of the day - midnight - unless you specify otherwise.)

2. Effective Date 3. Your Signature 4. Date Signed 5. Forwarding Address
(Number, Street, City, State, ZIP Code)

PART F - Remarks for SF 50